INFORMATION TECHNOLOGY DIVISION REQUEST FOR SYSTEM ACCESS

NATURE OF REQUES	ST			UNIVER	SAL ACCESS ID:
	Assign	UAID			
Change existing selections					
Delete UAID from system					
Reactivate UAID					
PERSON TO BE AUTHORIZED: NAME:		AME:	FIRST:		
			LAST:		
			M. INIT.:		
MMARS DEPT. CODE:AGENCY:			PAY ORG:		S.S NUMBER:
CHARGEBACK ACCOUNT NO:			AGE	NCY NO.:	DIVISION:
TYPE OF USER (Employee, Consultant*):					END DATE:
* IF A CONSULTANT PLEASE ENTER AN END DATE					
OMIS MENU SELECTIONS(Select with an X)					
CA7	CONNECT	P.	ARIS		UMS
CAPS	ELIPSYS	P.	ARISTST		UVHEALTH
CICS99	IMAGINE	P	CRS/PMIS		VIEWDIRECT/DOC. DIRECT
CICSTEST	MMARS	P	ROD		SSEIS
COMPLETT	MIPSP1	S	UNVRO		OTHER
COMPLETW	MPRS	Т	SO		
COMMENTS:					
SEC. ADMINISTRATOR'S NAME (PRINT): SEC. ADMINISTRATOR'S SIGNATURE :					
TELEPHONE NUMBER: DATE:					
Please return completed form to:					

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